



Eyes Wide Open Retreat Registration Form

(One form per individual attending – Please print)

Any girl under 18 years of age must be accompanied with Parent or Guardian

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Age: _____ DOB: _____ E-mail: _____

Home phone: _____ Other phone: _____

Allergies: _____

Health Conditions: _____

Medications: _____

I herewith give my permission and assume all responsibility for any illness or accident that might occur to myself or daughter during my (her) stay at the Racine Dominican Sienna Retreat Center. I also authorize medical personnel to provide emergency treatment in case I cannot be reached.

Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Gaurdian: _____

Emergency contact & Phone number: _____

Cost of the Weekend: Includes a private room, 4 meals, 4 snacks and all retreat activities.

(Food is prepared in a common kitchen for Siena Center Sisters & retreatants. They can provide for moderate dietary needs. If your needs are of a greater nature it would be helpful if you would supplement.)

Early bird registration by August 1, 2010: \$250 per person (Payment: Check, MasterCard or Visa)

Registration August 2, 2010 to October 8, 2010: \$290 per person

Return Registration: Wind Touch Healing, LLC 13620 W. Capitol Drive ~ Brookfield, WI 53005

Credit Card Authorization

Name on Card:(Print) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____ Expiration: _____ Code: _____

I hereby authorize Wind Touch Healing, LLC to charge my credit card in the amount of: \$ _____

Signature: _____ Date: _____